

# Williamsburg Community Pool

Family/Individual Last Name(s) \_\_\_\_\_

First Names:

\_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-mail(s) \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Best Method to Contact You: \_\_\_\_\_

\*\*Please e-mail a copy of this form to [wmsbg.community@gmail.com](mailto:wmsbg.community@gmail.com) and bring a printed copy with you on your first visit to the pool.

OFFICE USE ONLY			
Member Number			
DATE	AMOUNT	METHOD	MISC.

## TYPE OF MEMBERSHIP

- Family       Couple  
 Single       10-Visit Pass  
 New Family       Senior Discount

## HOW DID YOU HEAR ABOUT US?

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